Atty. Docket No.: CT/03-015

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of: |) | Confirmation No.: 8594 |
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| govern |) | |
| COWAN et al. |) | A . II '. 0000 |
| G. 11N 10/700 270 |) | Art Unit: 3767 |
| Serial No.: 10/722,370 |) | |
| Filed: November 25, 2003 |) | Examiner: Catherine Witczak |
| For: Syringe, Syringe Interfaces And |) | |
| |) | |
| Syringe Plungers for use with |) | |
| Medical Injectors |) | |

REQUEST TO CORRECT INVENTORSHIP UNDER 37 C.F.R. § 1.48(a)

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.48(a), Applicants hereby request to correct the inventorship of the above-identified patent application by adding Messrs. John Haury, and Jared Neff as inventors thereof.

In support of this Request, Applicants submit the following documents: (1) Statements from the person's being added as an inventor (i.e., Messrs. John A. Haury, and Jared E. Neff) that the error in inventorship occurred without any deceptive intention on their part; (2) a Statement of the actual inventor (i.e., Mr. Kevin P. Cowan) consenting to the change in inventorship; (3) a Declaration by the actual inventors as required by 37 C.F.R. § 1.63; (3) the processing fee set forth in 37 C.F.R. § 1.17(i); and (4) a Statement of Medrad, Inc., the Assignee of this patent application, consenting to the change in inventorship.

The Commissioner is hereby authorized to charge the \$130.00 petition fee required under 37 C.F.R § 1.17(i) to Deposit Account No. 13-2530. A duplicate copy of this Request is enclosed.

Dated: September 3, 2009

Respectfully submitted,

Gregory D. Bradley Reg. No. 34,299

Medrad, Inc. One Medrad Drive Indianola, PA 15051

Telephone: (412) 767-2400

CERTIFICATION OF FACSIMILE/ELECTRONIC TRANSMISSION

| hereby certify that this paper is being facsimile (571) 273-8300 / electronically | |
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| ransmitted to the Patent and Trademark Office on the date shown below. | |
| /Dawn M. Dedola/ | |
| Signature | |
| September 3, 2009 | |
| Date | |